OID	<u>`</u>	ART B	B - FEE(S) TRANS	SMITTAL			
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02/13/2007 RMEBRAH1 00000049 10617411				William W. Kaeflige & (Signature)			
01 FC:2501 02 FC:1504	FC:2501 700.00 @P				8, 2007		(Date)
APPLICATION NO.	FILING DATE	O OP	FIRST NAMED INVENTO	DR .	ATTORNEY DOCKET N		CONFIRMATION NO.
10/617,411	07/11/2003		Kasper Allison	· 	12,5	32	3045
APPLN, TYPE							,
<u> </u>	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI		E FEE TOTA	L FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0		\$1000	02/21/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS				
DONNELLY, JEROME W		3764	482-099000			٠	
1. Change of correspondent CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	dence address (or Char (22) attached.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME ANI	D RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or t	ype)			
PLEASE NOTE: Unles	s an assignee is identi	fied below, no assignee	data will appear on the	patent. If an assign	nee is identified	below, the doc	ument has been filed for
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
			(-,				
Please check the appropriat	e assignee category or	categories (will not be pr	rinted on the patent):	Individual C	orporation or otl	her private grou	p entity Government
4a. The following fee(s) are	submitted:	- ' . " 4t	o. Payment of Fee(s): (PI		ny previously p	aid issue fee sh	iown above)
☐ Issue Fee ☐ A check is enclosed. Check #28858 ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # o	☐ The Director is here	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
5. Change in Entity Status	s (from status indicated	above)	overpayment, to De	posit Account Numb	E1	(enclose an	extra copy of this form).
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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